MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-63-002268
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			10.5.35
2			3.5.35
3			
4	0		
5	1		
6			
7	1		
8	0		
9	331X		
10			
11			
12	90-0		
13	1-0		

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF / DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 10

1. ~~Residence~~ FILED JAN 21 1963
a. COUNTY Laclede
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon
Length of stay in 1b: 20 YRS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 523 Wood St.
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Laclede
c. CITY OR TOWN Lebanon
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 523 Wood St.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Samuel Middle Last Johnson

4. DATE OF DEATH: Month Jan. Day 13, Year 1963

5. SEX: male

6. COLOR OR RACE: white

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 11-6-95

9. AGE (last birthday): 67 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (City and state or country): Hancock, Ark.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Henry Johnson

13b. MOTHER'S MAIDEN NAME: FLORA JENKINS

14. NAME OF HUSBAND OR WIFE: Goldia Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): 1916- 1919

16. SOCIAL SECURITY NO.: [redacted]6

17. INFORMANT: Mrs. Goldia Johnson, Address 523 Wood Lebanon, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for a, b, and c.)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arbo-vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): arteriosclerosis & diabetes — 6 mos.
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ N. ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 1962, to Jan. 1963 and last saw her/him alive on Jan. 8, 1963
Death occurred at 9:40 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or Title): W. W. Herrington M.D.

22b. ADDRESS: Lebanon Mo.

22c. DATE SIGNED: 1-15-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 1-16-63

23c. NAME OF CEMETERY OR CREMATORY: HAZELGREEN

23d. LOCATION (City, town, or county) (State): LACLEDE County Mo.

24. FUNERAL DIRECTOR: T. J. Shadel ADDRESS: Lebanon, Mo.

25. DATE RECD. BY LOCAL REG.: 1-15-1963

26. REGISTRAR'S SIGNATURE: Wella L. Hay

(Licensed Embalmer's Statement on Reverse Side)

JAN 22 1963

Permit issued 1-15-1963 K.C.M.O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Brie M. Abbott

Licensed Embalmer No. 5115

P. O. Address Springfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.